241	921
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STATE OF SOUTH CAROLIN	A)		BEFORE	тиг	0.11109	
(Caption of Case))	PUBLIC	SERVICE		ISSION	
Example: Application for a Class C Char	ter Certificat	e from)	OF SOUTH CAROLINA				
John Doe dba Doe's Limo)) T	`RANSPO	ORTATION	I COVE	R SHEET	
Naseeb Rahhal DBA Charleston)					
Transportation	ar Si	COPY) DO	CKET / MBER: 0	2013	61		
	Posted: _		NUI'	MBER: 💆	10.0 -	<u>* / </u>	- /	
	Dept:/	NA	If this is y	our first time	filing an appli	cation with	the PSC, you will not	
	Date: É	420/13	have filed	with the Cor	nmission before		ign one to you. If you Number was assigned	
(Please type or print)		12'14	and should	be entered al	bove.			
Submitted by: Naseeb Rahhal	Time:	10.10	Telepho	ne:	(843)224-	4299	******	
Address: 3590 Mary Ader Ave	312	ov.	Fax:				79 10-115	
Charleston SC 29414			Other:		-		· · · · · · · · · · · · · · · · · · ·	
			Email:	naseeb@	bellsouth.ne	t		
NOTE: The cover sheet and information as required by law. This form is required	contained he	rein neither repl	aces nor supple	ments the fi	ling and servi	ce of plead	ings or other papers	
be filled out completely.	1 101 use by t	ile Fublic Servic	e Commission	or South Ca	rollia for the	purpose or	docketing and must	
	NATUR	E OF ACTIO	N (Check all	that apply	y)			
Application - Class A/A Restricte	ed .			Requ	est for Name	Change o	on Certificate	
Application - Class C Taxi				Requ	est to Ameno	d Scope of	Authority	
X Application - Class C Charter				Requ	est to Ameno	l Tariff (ra	ate increase, etc.)	
Application - Class C Charter Bus	S			☐ Requ	est to Ameno	l Passenge	r Limit	
Application - Class C Non-Emerg	gency	REC	EIAE	Requ				
Application - Class C Stretcher V	'an		202013	Exhil	bit	JR JR	CEIVAD 819 2013	
Application - Class E Household	Goods		SC SC	Late-	Filed Exhibi	t	CELL D	
Application - Class E Hazardous	Waste	M	AÎL DMS	Lette	r	FEL	319 2013	
Application				Propo	osed Order	CLERK	SC SC S OFFICE	
Request for Extension to Comply	with Order			Publi	isher's Affida	vit	O OFFICE	
Request for Order Granting Author			e .	Reser	rvation Lette	r		
of Public Convenience and Neces	sity to be Re	escinded		Resp	onse			
Request for Cancellation of Certif	ficate			Retur	rn to Petition			
Request for Suspension				Other	r:			
Request for Reinstatement								

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	RECEIVE Date: 2/12/2013
C	LASS C - CHARTER FEB 2 0 2013
	PSC SC MAIL / DMS
CLASS C - CHARTER PSC SC MAIL / DMS Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provi of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. Na seeb Rahhal aba 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade a Charleston Peninsula Transportation 3590 Mary Ader Ave 312 Charleston, SC 29414 Street Address of Applicant Mailing Address of Applicant (if different from street address) (843) 224-4299 Phone Fax naseeb@bellsouth.net Email Address 2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina	
_	Charleston Peninsula Transportation
_	
-	
_	Phone Fax
_	
	Email Address
	Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South
3.	Select Entity Type: (Check one)
	☐ Partnership - List names and addresses of all person having an interest in the business.
	☐ Corporation - List names and addresses of two principal officers.
	Naseeb Rahhal 3590 Mary Ader Ave 312 Charleston, SC 29414

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance a	t Time Applica	ation is l	Filed:	
Month	October	Year	2011	

Assets:

I ROSCUT	
Cash	\$2000
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$5000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	7000
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate): maximum charge per hourly rate will be \$165.

Requested Scope	of Authority: Check	all counties in which	nyou are requesting	permission to operate.
	allowed to operate ir			request "Statewide"
authority if you in	ntend to operate in al	l counties in South C	arolina.	
Abbeville	Cherokee	Florence	Lee	Saluda
	Cherokee	riorence	ree	
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	X Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)	ped
8-15 Passengers, including driver	

YEAR & MODEL	VIN#	EMPTY WEIGHT
2003 Town car	1LNHM1W93Y703803	4308 lb
and the second s		
TRANSICAL COLORS		
Y STATE AND A STATE OF THE STAT		
	- 344	
		The state of the s

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:	
The following insurance quote is for: Masch Labhal Charletter Peninsula Tempertation Name of Motor Carrier 1731 Telfair Way Address of Motor Carrier Amount of Premium: Limits Quoted: (See Below) Liability Insurance \$2500 Limits LOO_1000 CSL The above quoted premium is for a torm of 12 months. Minimum Limits - Intrastate Only: 1-7 Passengers \$25,000/50,000/25,000 Starnet Insurance \$25,000/100,000/25,000 Starnet Insurance Company Name of Insurance Company Name of Insurance Company Limits LOO_1000 CSL Insurance \$25,000/100,000/25,000 Starnet Insurance Company Name of Insurance of Company Limits LOO_1000 CSL Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits Limits	
1721 Telfair Way Address of M	otor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2500	Limits LOD, OOO CSL
The above quoted premium is for a term of 12	months,
Minimum Limits - Intrastate Only:	•
1-7 Passengers \$ 25,000/50,00	00/25,000
8-15 Passengers \$ 25,000/100,0	00/25,000
Starnet Insurance Company	
Name of Insure	ince Company
· 2843-B W Palmetto St Florence, SC 2	9501
Home Office Add	iress of Company
meets the minimum insurance limits prescribed. The insu	rance company making this quote is authorized by the
2 - 1:3 -13 Quite Authorized I	isurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insuced for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

		Charleston Peninsula Transportation
		Name of Applicant
	•	
1	Are there currently any ou	tstanding judgments against the Applicant?
٠.	Yes	No
	_	
	If Yes, indicate nature of	judgement(s) against applicant.
2.	carrier operations in South	all statutes and regulations, including safety regulations and governing for-hire motor South Carolina, and does Applicant agree to operate in compliance with these
	statutes and regulations?	
	• Yes	O No
3.	. Is Applicant aware of the 0 therewith?	Commission's insurance requirements and the insurance premium costs associated
	• Yes	O No
	-	-

Exhibit on Driver Qualifications

1.	Appli	cant understands that	all d	rivers must be a minimum of 18 years of age.
	•	Yes	0	No
2.	and su	cant understands that and record from the Distribution in the Applic	MV	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	•	Yes	0	No
3.				minal history background check from the state where the driver currently lives cant's business office.
	\odot	Yes	0	No
4.	their p	cant understands that a cossession when opera f residence of the driv	ting	rivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	•	Yes	0	No
5.	vehicle State I	es to drivers who are r	egis	lass C Taxi Certificate holders are prohibited from employing or leasing tered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.
	•	103	\cup	INO

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

nascobla//M/	
Naseeb Rahhal	
Applicant's Signature	
Owner	
Title of Applicant (e.g. President, Owner, etc.)	

SWORN TO BEFORE ME
This 13th day of Jebonary, 2013

Mugau Chey
Notary Public

Commission Expires 10-30-2022

MORGAN IVEY
Notary Public - State of South Carolina
My Commission Expires October 30, 2022